



Missouri Department of Health and Senior Services
Section for Child Care Regulation

Send to: Section for Child Care
Regulation (SCCR)
Director Certification
PO Box 570
Jefferson City, MO 65102

FACILITY DIRECTOR WORK EXPERIENCE

This form documents a candidate's child care work experience to meet requirements for director certification.

INSTRUCTIONS

Director Candidate

Ask current and/or former child care employer(s) to complete this form and return it to the address above.

Employer

Please complete form and return it to the address above. Experience must be for salary or hourly pay. Please indicate if full or part time.

NAME OF EMPLOYEE

SS# ____ / ____ / ____

NAME OF EMPLOYER

TYPE OF AGENCY

EMPLOYER ADDRESS (City, State, Zip Code)

FACILITY DVN (License Number)

FACILITY PHONE NUMBER

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EMPLOYEE JOB TITLE

DATE(S) OF EMPLOYMENT From _____ To _____

From _____ To _____

HOURS PER WEEK

MONTHS PER YEAR

PART-TIME: ☐ YES ☐ NO

FULL TIME: ☐ YES ☐ NO

(35 HOURS OR MORE PER WEEK)

EMPLOYEE'S JOB DUTIES

NAME AND WORK TITLE OF SUPERVISOR (Please print.)

(Name)

(Work Title)

Signature of Individual Completing This Form

Date

Print name of signature above.